

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1950

38955  
State File No. 9331

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9331</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>220 N. Kingshighway</b>				d. STREET ADDRESS (If rural, give location) <b>220 N. Kingshighway</b>			
3. NAME OF DECEASED (Type or Print) <b>WALLACE</b>		a. (First)		b. (Middle)		c. (Last) <b>RENARD</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Unknown</b>	
9. AGE (In years last birthday) <b>Abt. 64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President - Renard Carpet Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Louis Renard</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie Singer</b>		14. NAME OF HUSBAND OR WIFE <b>Lucille K. Renard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Louis Renard</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery obstruction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery heart disease with myocardial infarct.</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>					
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>47</b> , to <b>Nov. 2</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Nov. 1</b> , 19 <b>50</b> , and that death occurred at <b>5 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Llewellyn Dale M.D.</b>		23b. ADDRESS <b>4500 Olive St. Louis 8</b>		23c. DATE SIGNED <b>Nov. 3, 50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/8/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>NOV 3 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Casater</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rindke</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EEB 15 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*John Ketter*  
3880

Licensed Embalmer No. ....

Signed .....  
Student Embalmer

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.